



ANNUAL STATEMENT
For the Year Ending December 31, 2004
OF THE CONDITION AND AFFAIRS OF THE
TOTAL HEALTH CARE, INC.

NAIC Group Code	1238 <small>(Current Period)</small>	1238 <small>(Prior Period)</small>	NAIC Company Code	95644	Employer's ID Number	38-2018957
Organized under the Laws of	Michigan		State of Domicile or Port of Entry	Michigan		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[] Dental Service Corporation[] Other[]		Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[X] No[]		Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[X]	
Incorporated	07/01/1973		Commenced Business	05/01/1976		
Statutory Home Office	3011 W. GRAND BLVD. SUITE 1600 <small>(Street and Number)</small>		DETROIT, MI 48202 <small>(City, or Town, State and Zip Code)</small>			
Main Administrative Office	3011 W. GRAND BLVD. SUITE 1600 <small>(Street and Number)</small>					
	DETROIT, MI 48202 <small>(City or Town, State and Zip Code)</small>		(313)871-2000 <small>(Area Code) (Telephone Number)</small>			
Mail Address	3011 W. GRAND BLVD. SUITE 1600 <small>(Street and Number or P.O. Box)</small>		DETROIT, MI 48202 <small>(City, or Town, State and Zip Code)</small>			
Primary Location of Books and Records	3011 W. GRAND BLVD. SUITE 1600 <small>(Street and Number)</small>					
	DETROIT, MI 48202 <small>(City, or Town, State and Zip Code)</small>		(313)871-2000 <small>(Area Code) (Telephone Number)</small>			
Internet Website Address	TOTALHEALTHCAREONLINE.COM					
Statutory Statement Contact	BRIAN EFRUSY, CFO <small>(Name)</small>		(313)871-7879 <small>(Area Code)(Telephone Number)(Extension)</small>			
	BEFRUSY@THC-ONLINE.COM <small>(E-Mail Address)</small>		(313)871-7406 <small>(Fax Number)</small>			
Policyowner Relations Contact	3011 W. GRAND BLVD., STE. 1600 <small>(Street and Number)</small>					
	DETROIT, MI 48202 <small>(City, or Town, State and Zip Code)</small>		(313)871-2000 <small>(Area Code) (Telephone Number)(Extension)</small>			

OFFICERS

Name	Title
LYLE EDWARD ALGATE	EXECUTIVE DIRECTOR
GERTRUDE HELEN MINKIEWICZ	SECRETARY
MARY JANE CLAY	TREASURER
ROBYN JAMES ARRINGTON JR.,M.D.	MEDICAL DIRECTOR
JEANETTE ABBOTT	CO-TREASURER

OTHERS

DIRECTORS OR TRUSTEES

FRANCES LYNCH	DOUGLAS PAUL BAKER
RUBY OCTAVIA COLE	KATHLEEN THERESA KATHER

State of Michigan
County of WAYNE ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)	(Signature)	(Signature)
LYLE EDWARD ALGATE	GERTRUDE HELEN MINKIEWICZ	MARY JANE CLAY
(Printed Name)	(Printed Name)	(Printed Name)
EXECUTIVE DIRECTOR	SECRETARY	TREASURER
(Title)	(Title)	(Title)

Subscribed and sworn to before me this	a. Is this an original filing?	Yes[X] No[]
_____ day of _____, 2005	b. If no,	_____
	1. State the amendment number	_____
	2. Date filed	_____
	3. Number of pages attached	_____

(Notary Public Signature)

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals						
Group Subscribers:						
CITY OF DETROIT	686,500	668,142		303,518	303,518	1,354,642
FEDERAL EMPLOYEE (NON-POST)	140,785	120,143		267,777	267,777	260,928
CITY OF DETROIT (DOT)	86,856	93,617		74,861	74,861	180,473
FEDERAL EMPLOYEE (POSTAL)	87,863	99,780		31,709	31,709	187,643
WOODWARD NURSING				73,299	73,299	
BAY LOGISTICS	63,325					63,325
BOARD OF EDUCATION	48,833	8,927				57,760
0299997 Subtotal - Group Subscribers:	1,114,162	990,609		751,164	751,164	2,104,771
0299998 Premium due and unpaid not individually listed	178,290	56,988	276	69,832	69,832	235,554
0299999 Total group	1,292,452	1,047,597	276	820,996	820,996	2,340,325
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities	450,000					450,000
0599999 Accident and health premiums due and unpaid (Page 2, Line 12) ...	1,742,452	1,047,597	276	820,996	820,996	2,790,325

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables - Not Individually Listed						
4D PHARMACY	69,592					69,592
0199998 Subtotal - Pharmaceutical Rebate Receivables - Not Individually Listed						
0199999 Subtotal - Pharmaceutical Rebate Receivables	69,592					69,592
0299998 Subtotal - Claim Overpayment Receivables - Not Individually Listed						
0299999 Subtotal - Claim Overpayment Receivables						
0399998 Subtotal - Loans and Advances to Providers - Not Individually Listed						
0399999 Subtotal - Loans and Advances to Providers						
Capitation Arrangements Receivables - Not Individually Listed						
0499998 Subtotal - Capitation Arrangements Receivables - Not Individually Listed						
0499999 Subtotal - Capitation Arrangements Receivables						
Risk Sharing Receivables - Not Individually Listed						
ST JOHN HEALTH SYSTEMS	1,060,105					1,060,105
0599998 Subtotal - Risk Sharing Receivables - Not Individually Listed	694,389				52,688	641,701
0599999 Subtotal - Risk Sharing Receivables	1,754,494				52,688	1,701,806
Other Receivables - Not Individually Listed						
MEDICAID MATERNITY	1,144,667					1,144,667
0699998 Subtotal - Other Receivables - Not Individually Listed	188,226					188,226
0699999 Subtotal - Other Receivables	1,332,893					1,332,893
0799999 Gross health care receivables	3,156,979				52,688	3,104,291

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)
Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Individually Listed Claims Unpaid						
RX AMERICA PHARMACY	1,986,090					1,986,090
0199999 Total - Individually Listed Claims Unpaid	1,986,090					1,986,090
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	(119,237)					(119,237)
0499999 Subtotals	1,866,853					1,866,853
0599999 Unreported claims and other claim reserves						12,292,874
0699999 Total Amounts Withheld						1,887,211
0799999 Total Claims Unpaid						16,046,938
0899999 Accrued Medical Incentive Pool and Bonus Amounts						332,932

21 Exhibit 5 - Amounts Due From Parent NONE

22 Exhibit 6 - Amounts Due to Parent NONE

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

		1	2	3	4	5	6
Payment Method		Direct Medical Expense Payment	Column 1 as a % of Total	Total Members Covered	Column 3 as a % of Total	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:							
1.	Medical groups	26,291,528	23.338	722,027	1,135.548		26,291,528
2.	Intermediaries						
3.	All other providers						
4.	Total capitation payments	26,291,528	23.338	722,027	1,135.548		26,291,528
Other Payments:							
5.	Fee-for-service	10,871,252	9.650	X X X	X X X		10,871,252
6.	Contractual fee payments	75,177,539	66.732	X X X	X X X		75,177,539
7.	Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8.	Bonus/withhold arrangements - contractual fee payments	315,139	0.280	X X X	X X X		315,139
9.	Non-contingent salaries			X X X	X X X		
10.	Aggregate cost arrangements			X X X	X X X		
11.	All other payments			X X X	X X X		
12.	Total other payments	86,363,930	76.662	X X X	X X X		86,363,930
13.	Total (Line 4 plus Line 12)	112,655,458	100.000	X X X	X X X		112,655,458

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
		N O N E			
9999999			X X X	X X X	X X X

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment .....	.....	.....	.....	.....	.....	.....
2.	Medical furniture, equipment and fixtures	N O N E		.....	.....	.....	.....
3.	Pharmaceuticals and surgical supplies .....			.....	.....	.....	.....
4.	Durable medical equipment .....			.....	.....	.....	.....
5.	Other property and equipment .....			.....	.....	.....	.....
6.	Total .....	.....	.....	.....	.....	.....	.....



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIC Group Code 1238

REPORT FOR: 1. CORPORATION: 2. DIVISION:
BUSINESS IN THE STATE OF **MICHIGAN** DURING THE YEAR

NAIC Company Code 95644

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3				Federal Employees Health Benefit Plan						
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only		Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year	55,867	17	6,386				706		48,758				
2. First Quarter	58,029	16	8,342				719		48,952				
3. Second Quarter	58,915	17	8,591				748		49,559				
4. Third Quarter	60,380	22	9,701				854		49,803				
5. Current Year	63,584	23	10,648				1,056		51,857				
6. Current Year Member Months	722,027	223	109,216				10,174		602,414				
Total Member Ambulatory Encounters for Year:													
7. Physician	294,481	58	28,458				2,651		263,314				
8. Non-Physician	166,321	30	14,788				1,378		150,125				
9. Total	460,802	88	43,246				4,029		413,439				
10. Hospital Patient Days Incurred	29,932	6	3,040				283		26,603				
11. Number of Inpatient Admissions	7,057	7	666				67		6,317				
12. Health Premiums Written	132,412,995	39,878	20,077,844				1,753,653		110,541,620				
13. Life Premiums Direct													
14. Property/Casualty Premiums Written													
15. Health Premiums Earned	133,878,917	42,331	21,279,384				1,865,582		110,691,620				
16. Property/Casualty Premiums Earned													
17. Amount Paid for Provision of Health Care Services	112,655,458	119,055	14,396,000				1,600,210		96,540,193				
18. Amount Incurred for Provision of Health Care Services	106,950,625	118,027	13,892,719				1,553,327		91,386,552				

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIC Group Code 1238

REPORT FOR: 1. CORPORATION: 2. DIVISION:
BUSINESS IN THE STATE OF **GRAND TOTAL** DURING THE YEAR

NAIC Company Code 95644

30 Grand Total

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3										
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year	55,867	17	6,386				706		48,758				
2. First Quarter	58,029	16	8,342				719		48,952				
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5. Current Year	63,584	23	10,648				1,056		51,857				
6. Current Year Member Months	722,027	223	109,216				10,174		602,414				
Total Member Ambulatory Encounters for Year:													
7. Physician	294,481	58	28,458				2,651		263,314				
8. Non-Physician	166,321	30	14,788				1,378		150,125				
9. Total	460,802	88	43,246				4,029		413,439				
10. Hospital Patient Days Incurred	29,932	6	3,040				283		26,603				
11. Number of Inpatient Admissions	7,057	7	666				67		6,317				
12. Health Premiums Written	132,412,995	39,878	20,077,844				1,753,653		110,541,620				
13. Life Premiums Direct													
14. Property/Casualty Premiums Written													
15. Health Premiums Earned	133,878,917	42,331	21,279,384				1,865,582		110,691,620				
16. Property/Casualty Premiums Earned													
17. Amount Paid for Provision of Health Care Services	112,655,458	119,055	14,396,000				1,600,210		96,540,193				
18. Amount Incurred for Provision of Health Care Services	106,950,625	118,027	13,892,719				1,553,327		91,386,552				

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

SCHEDULE A - VERIFICATION BETWEEN YEARS

1.	Book/adjusted carrying value, December 31, prior year (prior year statement)	
2.	Increase (decrease) by adjustment:	
2.1	Totals, Part 1, Column 11	
2.2	Totals, Part 3, Column 7	
3.	Cost of acquired, (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent improvements (Column 9))	
4.	Cost of additions and permanent improvements:	
4.1	Totals, Part 1, Column 14	
4.2	Totals, Part 3, Column 9	
5.	Total profit (loss) on sales, Part 3, Column 14	
6.	Increase (decrease) by foreign exchange adjustment	
6.1	Totals, Part 1, Column 12	
6.2	Totals, Part 3, Column 8	
7.	Amounts received on sales, Part 3, Column 11 and Part 1, Column 13	
8.	Book/adjusted carrying value at the end of current period	
9.	Total valuation allowance	
10.	Subtotal (Lines 8 plus 9)	
11.	Total nonadmitted amounts	
12.	Statement value, current period (Page 2, real estate lines, Net Admitted Assets column)	

SCHEDULE B - VERIFICATION BETWEEN YEARS

1.	Book value/recorded investment excluding accrued interest of mortgages owned, December 31 of prior year	
2.	Amount loaned during year:	
2.1	Actual cost at time of acquisitions	
2.2	Additional investment made after acquisitions	
3.	Accrual of discount and mortgage interest points and commitment fees	
4.	Increase (decrease) by adjustment	
5.	Total profit (loss) on sale	
6.	Amounts paid on account or in full during the year	
7.	Amortization of premium	
8.	Increase (decrease) by foreign exchange adjustment	
9.	Book value/recorded investment excluding accrued interest on mortgages owned at end of current period	
10.	Total valuation allowance	
11.	Subtotal (Lines 9 plus 10)	
12.	Total nonadmitted amounts	
13.	Statement value of mortgages owned at end of current period (Page 2,mortgage lines, Net Admitted Assets column)	

SCHEDULE BA - VERIFICATION BETWEEN YEARS

1.	Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year	
2.	Cost of acquisitions during year:	
2.1	Actual cost at time of acquisitions	
2.2	Additional investment made after acquisitions	
3.	Accrual of discount	
4.	Increase (decrease) by adjustment	
5.	Total profit (loss) on sale	
6.	Amounts paid on account or in full during the year	
7.	Amortization of premium	
8.	Increase (decrease) by foreign exchange adjustment	
9.	Book/adjusted carrying value of long-term invested assets at end of current period	
10.	Total valuation allowance	
11.	Subtotal (Lines 9 plus 10)	
12.	Total nonadmitted amounts	
13.	Statement value of long-term invested assets at end of current period (Page 2, Line 7, Column 3)	

SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating Per the NAIC Designation		1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
1.	U.S. Government, Schedules D & DA (Group 1)											
1.1	Class 1											
1.2	Class 2											
1.3	Class 3											
1.4	Class 4											
1.5	Class 5											
1.6	Class 6											
1.7	TOTALS											
2.	All Other Governments, Schedules D & DA (Group 2)											
2.1	Class 1											
2.2	Class 2											
2.3	Class 3											
2.4	Class 4											
2.5	Class 5											
2.6	Class 6											
2.7	TOTALS											
3.	States, Territories and Possessions etc., Guaranteed, Schedules D & DA (Group 3)											
3.1	Class 1											
3.2	Class 2											
3.3	Class 3											
3.4	Class 4											
3.5	Class 5											
3.6	Class 6											
3.7	TOTALS											
4.	Political Subdivisions of States, Territories & Possessions, Guaranteed, Schedules D & DA (Group 4)											
4.1	Class 1											
4.2	Class 2											
4.3	Class 3											
4.4	Class 4											
4.5	Class 5											
4.6	Class 6											
4.7	TOTALS											
5.	Special Revenue & Special Assessment Obligations etc., Non-Guaranteed, Schedules D & DA (Group 5)											
5.1	Class 1											
5.2	Class 2											
5.3	Class 3											
5.4	Class 4											
5.5	Class 5											
5.6	Class 6											
5.7	TOTALS											

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating Per the NAIC Designation		1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
6.	Public Utilities (Unaffiliated), Schedules D & DA (Group 6)											
6.1	Class 1											
6.2	Class 2											
6.3	Class 3											
6.4	Class 4											
6.5	Class 5											
6.6	Class 6											
6.7	TOTALS											
7.	Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)											
7.1	Class 1	7,637,195					7,637,195	100.00	7,557,294	100.00	7,637,195	
7.2	Class 2											
7.3	Class 3											
7.4	Class 4											
7.5	Class 5											
7.6	Class 6											
7.7	TOTALS	7,637,195					7,637,195	100.00	7,557,294	100.00	7,637,195	
8.	Credit Tenant Loans, Schedules D & DA (Group 8)											
8.1	Class 1											
8.2	Class 2											
8.3	Class 3											
8.4	Class 4											
8.5	Class 5											
8.6	Class 6											
8.7	TOTALS											
9.	Parent, Subsidiaries and Affiliates, Schedules D & DA (Group 9)											
9.1	Class 1											
9.2	Class 2											
9.3	Class 3											
9.4	Class 4											
9.5	Class 5											
9.6	Class 6											
9.7	TOTALS											

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values By Major Types of Issues and NAIC Designations

Quality Rating Per the NAIC Designation		1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
10. Total Bonds Current Year												
10.1	Class 1	7,637,195					7,637,195	100.00	X X X	X X X	7,637,195	
10.2	Class 2								X X X	X X X		
10.3	Class 3								X X X	X X X		
10.4	Class 4								X X X	X X X		
10.5	Class 5						(c)		X X X	X X X		
10.6	Class 6						(c)		X X X	X X X		
10.7	TOTALS	7,637,195					(b) 7,637,195	100.00	X X X	X X X	7,637,195	
10.8	Line 10.7 as a % of Column 6	100.00					100.00	X X X	X X X	X X X	100.00	
11. Total Bonds Prior Year												
11.1	Class 1	6,557,294	1,000,000				X X X	X X X	7,557,294	100.00	7,557,294	
11.2	Class 2						X X X	X X X				
11.3	Class 3						X X X	X X X				
11.4	Class 4						X X X	X X X				
11.5	Class 5						X X X	X X X	(c)			
11.6	Class 6						X X X	X X X	(c)			
11.7	TOTALS	6,557,294	1,000,000				X X X	X X X	(b) 7,557,294	100.00	7,557,294	
11.8	Line 11.7 as a % of Col. 8	86.77	13.23				X X X	X X X	100.00	X X X	100.00	
12. Total Publicly Traded Bonds												
12.1	Class 1	7,637,195					7,637,195	100.00	7,557,294	100.00	7,637,195	X X X
12.2	Class 2											X X X
12.3	Class 3											X X X
12.4	Class 4											X X X
12.5	Class 5											X X X
12.6	Class 6											X X X
12.7	TOTALS	7,637,195					7,637,195	100.00	7,557,294	100.00	7,637,195	X X X
12.8	Line 12.7 as a % of Col. 6	100.00					100.00	X X X	X X X	X X X	100.00	X X X
12.9	Line 12.7 as a % of Line 10.7, Col. 6, Section 10	100.00					100.00	X X X	X X X	X X X	100.00	X X X
13. Total Privately Placed Bonds												
13.1	Class 1										X X X	
13.2	Class 2										X X X	
13.3	Class 3										X X X	
13.4	Class 4										X X X	
13.5	Class 5										X X X	
13.6	Class 6										X X X	
13.7	TOTALS										X X X	
13.8	Line 13.7 as a % of Col. 6							X X X	X X X	X X X	X X X	
13.9	Line 13.7 as a % of Line 10.7, Col. 6, Section 10							X X X	X X X	X X X	X X X	

(a) Includes \$..... freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.
(b) Includes \$.....1,000,000 current year, \$.....1,000,000 prior year of bonds with Z designations and \$..... current year, \$..... prior year of bonds with Z* designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z*" means the SVO could not evaluate the obligation because valuation procedures for the security class is under regulatory review.
(c) Includes \$..... current year, \$..... prior year of bonds with 5* designations and \$..... current year, \$..... prior year of bonds with 6* designations. "5*" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Types of and subtype of Issues

Distribution by Type		1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
1.	U.S. Governments, Schedules D & DA (Group 1)											
1.1	Issuer Obligations											
1.2	Single Class Mortgage-Backed/Asset-Backed Bonds											
1.7	TOTALS											
2.	All Other Governments, Schedules D & DA (Group 2)											
2.1	Issuer Obligations											
2.2	Single Class Mortgage-Backed/Asset-Backed Bonds											
	MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
2.3	Defined											
2.4	Other											
	MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
2.5	Defined											
2.6	Other											
2.7	TOTALS											
3.	States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 3)											
3.1	Issuer Obligations											
3.2	Single Class Mortgage-Backed/Asset-Backed Bonds											
	MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
3.3	Defined											
3.4	Other											
	MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
3.5	Defined											
3.6	Other											
3.7	TOTALS											
4.	Political Subdivisions of States, Territories & Possessions, Guaranteed, Schedules D & DA (Group 4)											
4.1	Issuer Obligations											
4.2	Single Class Mortgage-Backed/Asset-Backed Bonds											
	MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
4.3	Defined											
4.4	Other											
	MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
4.5	Defined											
4.6	Other											
4.7	TOTALS											
5.	Special Revenue & Special Assessment Obligations etc., Non-Guaranteed, SCH. D & DA (Group 5)											
5.1	Issuer Obligations											
5.2	Single Class Mortgage-Backed/Asset-Backed Bonds											
	MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
5.3	Defined											
5.4	Other											
	MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
5.5	Defined											
5.6	Other											
5.7	TOTALS											

SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Types of and subtype of Issues

	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
Distribution by Type											
6. Public Utilities (Unaffiliated), Schedules D & DA (Group 6)											
6.1 Issuer Obligations											
6.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
6.3 Defined											
6.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
6.5 Defined											
6.6 Other											
6.7 TOTALS											
7. Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)											
7.1 Issuer Obligations	7,637,195					7,637,195	100.00	7,557,294	100.00	7,637,195	
7.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
7.3 Defined											
7.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
7.5 Defined											
7.6 Other											
7.7 TOTALS	7,637,195					7,637,195	100.00	7,557,294	100.00	7,637,195	
8. Credit Tenant Loans, Schedules D & DA (Group 8)											
8.1 Issuer Obligations											
8.7 TOTALS											
9. Parent, Subsidiaries and Affiliates, Schedules D & DA (Group 9)											
9.1 Issuer Obligations											
9.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
9.3 Defined											
9.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
9.5 Defined											
9.6 Other											
9.7 TOTALS											

SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Types of and subtype of Issues

	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
Distribution by Type											
10. Total Bonds Current Year											
10.1 Issuer Obligations	7,637,195					7,637,195	100.00	X X X	X X X	7,637,195	
10.2 Single Class Mortgage-Backed/Asset-Backed Securities								X X X	X X X		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
10.3 Defined								X X X	X X X		
10.4 Other								X X X	X X X		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
10.5 Defined								X X X	X X X		
10.6 Other								X X X	X X X		
10.7 TOTALS	7,637,195					7,637,195	100.00	X X X	X X X	7,637,195	
10.8 Line 10.7 as a % of Column 6	100.00					100.00	X X X	X X X	X X X	100.00	
11. Total Bonds Prior Year											
11.1 Issuer Obligations	6,557,294	1,000,000				X X X	X X X	7,557,294	100.00	7,557,294	
11.2 Single Class Mortgage-Backed/Asset-Backed Securities						X X X	X X X				
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
11.3 Defined						X X X	X X X				
11.4 Other						X X X	X X X				
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
11.5 Defined						X X X	X X X				
11.6 Other						X X X	X X X				
11.7 TOTALS	6,557,294	1,000,000				X X X	X X X	7,557,294	100.00	7,557,294	
11.8 Line 11.7 as a % of Column 8	86.77	13.23				X X X	X X X	100.00	X X X	100.00	
12. Total Publicly Traded Bonds											
12.1 Issuer Obligations	7,637,195					7,637,195	100.00	7,557,294	100.00	7,637,195	X X X
12.2 Single Class Mortgage-Backed/Asset-Backed Securities											X X X
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
12.3 Defined											X X X
12.4 Other											X X X
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
12.5 Defined											X X X
12.6 Other											X X X
12.7 TOTALS	7,637,195					7,637,195	100.00	7,557,294	100.00	7,637,195	X X X
12.8 Line 12.7 as a % of Column 6	100.00					100.00	X X X	X X X	X X X	100.00	X X X
12.9 Line 12.7 as a % of Line 10.7, Column 6, Section 10	100.00					100.00	X X X	X X X	X X X	100.00	X X X
13. Total Privately Placed Bonds											
13.1 Issuer Obligations										X X X	
13.2 Single Class Mortgage-Backed/Asset-Backed Securities										X X X	
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
13.3 Defined										X X X	
13.4 Other										X X X	
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
13.5 Defined										X X X	
13.6 Other										X X X	
13.7 TOTALS										X X X	
13.8 Line 13.7 as a % of Column 6							X X X	X X X	X X X	X X X	
13.9 Line 13.7 as a % of Line 10.7, Column 6, Section 10							X X X	X X X	X X X	X X X	

SCHEDULE DA - PART 2
Verification of SHORT-TERM INVESTMENTS Between Years

		1	2	3	4	5
		Total	Bonds	Mortgage Loans	Other Short-term Investment Assets (a)	Investments in Parent, Subsidiaries and Affiliates
1.	Book/adjusted carrying value, prior year	6,557,294	.....	.....	6,557,294	.....
2.	Cost of short-term investments acquired	78,829	.....	.....	78,829	.....
3.	Increase (decrease) by adjustment	1,072	.....	.....	1,072	.....
4.	Increase (decrease) by foreign exchange adjustment .....	.....	.....	.....	.....	.....
5.	Total profit (loss) on disposal of short-term investments .....	.....	.....	.....	.....	.....
6.	Consideration received on disposal of short-term investments .....	.....	.....	.....	.....	.....
7.	Book/adjusted carrying value, current year	6,637,195	.....	.....	6,637,195	.....
8.	Total valuation allowance .....	.....	.....	.....	.....	.....
9.	Subtotal (Lines 7 plus 8)	6,637,195	.....	.....	6,637,195	.....
10.	Total nonadmitted amounts .....	.....	.....	.....	.....	.....
11.	Statement value (Lines 9 minus 10)	6,637,195	.....	.....	6,637,195	.....
12.	Income collected during year	78,829	.....	.....	78,829	.....
13.	Income earned during year	84,680	.....	.....	84,680	.....

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment:

40 Schedule DB Part A Verification NONE

40 Schedule DB Part B Verification NONE

41 Schedule DB Part C Verification NONE

41 Schedule DB Part D Verification NONE

41 Schedule DB Part E Verification NONE

42 Schedule DB Part F Sn 1 - Sum Replicated Assets NONE

43 Schedule DB Part F Sn 2 - Recon Replicated Assets NONE

44 Schedule S - Part 1 - Section 2 NONE

SCHEDULE S - PART 2

**Reinsurance Recoverable on Paid and Unpaid Losses Listed by
Reinsuring Company as of December 31, Current Year**

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Location	6 Paid Losses	7 Unpaid Losses
Accident and Health, Non-Affiliates						
90611 ...	41-1366075 ...	11/01/2004	ALLIANZ LIFE INSURANCE CO OF NORTH AMERICA	MINNEAPOLIS, MN	70,938	.....
0599999 Total - Accident and Health, Non-Affiliates					70,938	.....
0699999 Totals - Accident and Health					70,938	.....
0799999 Totals - Life, Annuity and Accident and Health					70,938	.....

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	Outstanding Surplus Relief		12	13
									10	11		
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Location	Type	Premiums	Unearned Premiums (estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
Non-Affiliates												
90611 ...	41-1366075 ...	11/01/2004	ALLIANZ LIFE INSURANCE CO OF NORTH AMERICA	MINNEAPOLIS, MN	SSL/L/I	235,017 .....	.....	.....	.....	.....	.....	.....
0299999 Total - Non-Affiliates						235,017 .....	.....	.....	.....	.....	.....	.....
0399999 Totals						235,017 .....	.....	.....	.....	.....	.....	.....

SCHEDULE S - PART 4
Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Totals (Cols. 5 + 6 + 7)	Letters of Credit	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9+10+11+12+13 But Not in Excess of Col. 8
				N O N E									
1199999 Totals (General Account and Separate Accounts combined) .....				.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

SCHEDULE S - PART 5
Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2004	2 2003	3 2002	4 2001	5 2000
A. OPERATIONS ITEMS					
1. Premiums	72	46	34	46	34
2. Title XVIII-Medicare					
3. Title XIX - Medicaid	164	376	374	226	155
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	71		28	65	
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances unpaid					
11. Unauthorized reinsurance offset					
C. UNAUTHORIZED REINSURANCE					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F)					
13. Letters of credit (L)					
14. Trust agreements (T)					
15. Other (O)					

SCHEDULE S - PART 6
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 10)	24,782,979		24,782,979
2. Accident and health premiums due and unpaid (Line 12)	2,790,325		2,790,325
3. Amounts recoverable from reinsurers (Line 13.1)	70,938		70,938
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)	3,187,837		3,187,837
6. Total assets (Line 26)	30,832,079		30,832,079
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	16,046,938		16,046,938
8. Accrued medical incentive pool and bonus payments (Line 2)	332,932		332,932
9. Premiums received in advance (Line 8)	357,543		357,543
10. Reinsurance in unauthorized companies (Line 18)			
11. All other liabilities (Balance)	555,925		555,925
12. Total liabilities (Line 22)	17,293,338		17,293,338
13. Total capital and surplus (Line 30)	13,538,741	X X X	13,538,741
14. Total liabilities, capital and surplus (Line 31)	30,832,079		30,832,079
NET CREDIT FOR CEDED REINSURANCE			
15. Claims unpaid			
16. Accrued medical incentive pool			
17. Premiums received in advance			
18. Reinsurance recoverable on paid losses			
19. Other ceded reinsurance recoverables			
20. Total ceded reinsurance recoverables			
21. Premiums receivable			
22. Unauthorized reinsurance			
23. Other ceded reinsurance payables/offsets			
24. Total ceded reinsurance payables/offsets			
25. Total net credit for ceded reinsurance			

SCHEDULE Y (continued)
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
..... 95644 .....	.. 38-3240485 38-2018957 ..	A TOTAL HEALTH CHOICE TOTAL HEALTH CARE INC .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
9999999 Totals .....			.....	.....	.....	.....	.....	.....	X X X	.....	.....	.....

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES

INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	Response
MARCH FILING	
1. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	No
2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	Yes
3. Will an actuarial certification be filed by March 1?	Yes
4. Will the Risk-based Capital Report be filed with the NAIC by March 1?	Yes
5. Will the Risk-based Capital Report be filed with the state of domicile, if required by March 1?	Yes
6. Will the Life Supplement be filed with the state of domicile and the NAIC by March 1?	No
7. Will the Property/Casualty Supplement be filed with the state of domicile and the NAIC by March 1?	No
APRIL FILING	
8. Will Management's Discussion and Analysis be filed by April 1?	Yes
9. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile by April 1?	No
10. Will the Investment Risks Interrogatories be filed by April 1?	Yes
JUNE FILING	
11. Will an audited financial report be filed by June 1 with the state of domicile?	Yes
Explanations:	

Bar Codes:

Medicare Supplement Insurance Experience Exhibit



956442004360000002004Document Code: 360

Health Life Supplement



956442004205000002004Document Code: 205

Health Property / Casualty Supplement



956442004207000002004Document Code: 207

LTC Experience Reporting Form C



956442004330000002004Document Code: 330

OVERFLOW PAGE FOR WRITE-INS

Supp8	Supp. Inv. Risk Interr. Pt B	NONE
Supp9	Supp. Inv. Risk Interr. Pt C	NONE
Supp10	Supp. Inv. Risk Interr. Pt D	NONE
Supp11	Supp. Inv. Risk Interr. Pt E	NONE
Supp12	Supp. Inv. Risk Interr. Pt F	NONE
Supp13	Life Supplement Title Page	NONE
Supp14	Exhibit 5 - Aggregate Reserve for Life	NONE
Supp15	Exhibit 5 - Interrogatories	NONE
Supp16	Exhibit 7 - Deposit Type Contracts	NONE
Supp17	Schedule S - Part 1 - Section 1	NONE
Supp18	Schedule S - Part 3 - Section 1	NONE
Supp24	Property Supplement Title Page	NONE
Supp25	Schedule F Part 1 Assumed Reinsurance	NONE
Supp26	Schedule F Part 3 Ceded Reinsurance	NONE
Supp27	Schedule P - Part 1 Summary	NONE
Supp8, Supp9, Supp10, Supp11, Supp12, Supp13, Supp14, Supp15, Supp16, Supp17, Supp18, Supp24, Supp25, Supp26, Supp27		

Supp28	Schedule P - Part 1A	NONE
Supp29	Schedule P - Part 1B	NONE
Supp30	Schedule P - Part 1C	NONE
Supp31	Schedule P - Part 1D	NONE
Supp32	Schedule P - Part 1E	NONE
Supp33	Schedule P - Part 1F Sn 1	NONE
Supp34	Schedule P - Part 1F Sn 2	NONE
Supp35	Schedule P - Part 1G	NONE
Supp36	Schedule P - Part 1H Sn 1	NONE
Supp37	Schedule P - Part 1H Sn 2	NONE
Supp38	Schedule P - Part 1I	NONE
Supp39	Schedule P - Part 1J	NONE
Supp40	Schedule P - Part 1K	NONE
Supp41	Schedule P - Part 1L	NONE

Supp42	Schedule P - Part 1M	NONE
Supp43	Schedule P - Part 1N	NONE
Supp44	Schedule P - Part 1O	NONE
Supp45	Schedule P - Part 1P	NONE
Supp46	Schedule P - Part 1R Sn 1	NONE
Supp47	Schedule P - Part 1R Sn 2	NONE
Supp48	Schedule P - Part 1S	NONE
Supp49	Schedule P - Part 2 Summary	NONE
Supp50	Schedule P - Part 2A	NONE
Supp50	Schedule P - Part 2B	NONE
Supp50	Schedule P - Part 2C	NONE
Supp50	Schedule P - Part 2D	NONE
Supp50	Schedule P - Part 2E	NONE
Supp51	Schedule P - Part 2F Sn 1	NONE
Supp51	Schedule P - Part 2F Sn 2	NONE
Supp51	Schedule P - Part 2G	NONE
Supp51	Schedule P - Part 2H Sn 1	NONE
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Supp52	Schedule P - Part 2I	NONE
Supp52	Schedule P - Part 2J	NONE
Supp52	Schedule P - Part 2K	NONE
Supp52	Schedule P - Part 2L	NONE
Supp52	Schedule P - Part 2M	NONE
Supp53	Schedule P - Part 2N	NONE
Supp53	Schedule P - Part 2O	NONE
Supp53	Schedule P - Part 2P	NONE
Supp54	Schedule P - Part 2R Sn 1	NONE
Supp54	Schedule P - Part 2R Sn 2	NONE
Supp54	Schedule P - Part 2S	NONE
Supp56	Insurance Expense Exhibit Title Page	NONE

Supp57	Insurance Expense Exhibit Interrogatories	NONE
Supp58	Insurance Expense Exhibit Part I	NONE
Supp59	Insurance Expense Exhibit Part II	NONE
Supp60	Insurance Expense Exhibit Part II (Cont.)	NONE
Supp61	Insurance Expense Exhibit Part III	NONE
Supp62	Insurance Expense Exhibit Part III (Cont.)	NONE
PS32	Schedule P - Part 3 Summary (Work Paper)	NONE
PS33	Schedule P - Part 3A (Work Paper)	NONE
PS33	Schedule P - Part 3B (Work Paper)	NONE
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PS34	Schedule P - Part 3H Sn 1 (Work Paper)	NONE
PS34	Schedule P - Part 3H Sn 2 (Work Paper)	NONE
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PS35	Schedule P - Part 3J (Work Paper)	NONE
PS35	Schedule P - Part 3K (Work Paper)	NONE
PS35	Schedule P - Part 3L (Work Paper)	NONE
PS35	Schedule P - Part 3M (Work Paper)	NONE
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PS36	Schedule P - Part 3O (Work Paper)	NONE
PS36	Schedule P - Part 3P (Work Paper)	NONE
PS37	Schedule P - Part 3R Sn 1 (Work Paper)	NONE
PS37	Schedule P - Part 3R Sn 2 (Work Paper)	NONE
PS37	Schedule P - Part 3S (Work Paper)	NONE

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